



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: VIMALKANT GAUR	
SH No: 232343	Date: 14/09/2024
Age: 48	Gender: MALE

ASSESSMENT:

- OVER WEIGHT(BMI: 29.26)
- K/C/O:CERVICAL SPONDYLOSIS
- C/O: B/L SOLE PAIN IN MORNING WHICH IS RELIVED AFTER 10 MINUTES,
- OCCASIONAL HEADACHE PRESENT
- OCCASIONAL B/L SOLE TINGLING PRESENT, OCCASIONAL PAIN IN B/L KNEE, LEFT SHOULDER
- BORDERLINE LOW MCH(26.9),BORDERLINE LOW MCHC(31.7),HIGH RDW CV(16.30)
- HIGH FBS(110),
- BORDERLINE HIGH CHOLESTEROL(220),HIGH DIRECT LDL(168), HIGHCHOL/HDL RATIO(5.1),HIGH DLDL/HDL RATIO(3.9)
- LOW GGT(GAMMA GLUTAMYL TRANSFERASE)(12)
- USG ABDOMEN AND PELVIS : MILD FATTY LIVER (GRADE 1),SIMPLE HEPATIC CYST

ADVISED:

- PLENTY OF LIQUIDS
- LOW FAT DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE & WEIGHT REDUCTION.
- REPEAT LIPID PROFILE AFTER 3 MONTH
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- ORTHOPEDIC CONSULTATION
- ENT ADVICE:FOLLOW ADVICE
- PHYSICIAN CONSULTATION

Sterling Addlife India Limited
Unit-Sterling Hospital Vadodara
Race Course Circle, (West)
VADODARA-390 007.

DR. JAY S PANDIT

Prevention & Rehabilitation Dept

Hospital Address: Sterling Hospitals, Race Course Road, Opp. Inox Cinema Hari Nagar, Circle West, Vadodara – 390007, Gujarat, India | Call: 0265-6144111, 0265-2354455, 98 98 98 78 78
www.sterlinghospitals.com | info@sterlinghospitals.com

Registered Office: Sterling Addlife India Private Limited | CIN U85110GJ2000PTC039121
Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India





HEALTH CHECK UP MEDICAL EXAMINATION

Name : Nimalkunt O gaur. Employee ID : _____
 Company Name : _____ Age : 40 Sex : M/F
 Height : 173 cms. Weight : 87.6 Kgs BMI : 29.26 Blood Group : AB+ve
 Name of HO / Registrar taking History : Dr. Say. J. Reddy

Allergies : None Yes (If Yes, describe)

Drugs/Food/Latex/Dyes/Contrast/Other	Reaction
1. _____	_____
2. _____	_____
3. _____	_____

Chief Complaints :
10- B/L side pain in morning
K/C/O - dermal hypersensitivity
stony pain reliefs

Physical Examination : stony pain

Vital Signs :
 Temp : 98.6 F SPO₂ : 99 Pulse : 105 /min R/R : 18 /min B.P. : 130/80 mm Hg

Past History :

If Hypertension, since On Medication 1) _____ 2) _____ 3) _____	If Diabetes, since On Medication 1) _____ 2) _____ 3) _____
If Ischaemic Heart Disease since On Medication 1) _____ 2) _____ 3) _____	Under Treatment Dr. _____
Under Treatment of Dr. _____	If Tuberculosis, When _____
Any Intervention done _____	Any Other P/H _____
P/H of Operation Diagnosis : _____ Name of Operation : _____ Year of Operation : _____	Any Other Medication _____
Others _____	P/H of Hospitalization Diagnosis : _____ Year : _____ Duration : _____
	Blood Transfusion History : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Year : _____

Family History : (Specify : F-Father, M-Mother, B-Brother, S-Sister)

(Pl. Circle whichever is applicable e.g. If Father has h/o 10 yrs then, Yes / No F/10 yrs)

Hypertension	Yes/No	Asthma	Yes/No
Heart Disease	Yes/No	Stroke	Yes/No
Diabetes	Yes/No	Arthritis/Gout	Yes/No
Tuberculosis	Yes/No	Cancer	Yes/No
Epilepsy	Yes/No	Other Chronic disease	Yes/No

Personal History :

Diet	Mixed	Smoking	Yes/No	since / per day
Appetite	Regular	Alcohol	Yes/No	since / (freq.)
Sleep	Regular	Drugs	Yes/No	since / (freq.)
Micturition	Regular	Tobacco	Yes/No	since / (freq.)
Bowel Habits		Any other habit		

FOR FEMALES :

 Obstetric History : L.D.
 Abortion :
 Others :

General Examination :
 Anemia Cyanosis Jaundice Generalized lymphadenopathy Pedal oedema

General Examination :
Head : NSF *or Headache*

Injuries (Specify if any) :

Eyes : NSF ; *glasses for both vision, Regular vision*

- Vision : Normal Blurred Double Colour Blind
- Pupils : Normal Abnormal
- Other : Inflammation Pain Itching Discharge No complaint

Remarks (if any) :

Ears : NSF

- Deaf Yes No • Pain Yes No • Discharge Yes No
- Dizziness Yes No

Nose : NSF

- Nosebleed Yes No • Congestion Yes No • Sinus problem Yes No

Mouth : NSF

- Lesion Yes No
- Dental Hygiene Good Poor Bleeding gums Yes No
- Sense of taste Yes No

Throat/Neck : NSF

- Swollen glands Yes No Stiffness Yes No Dysphagia Yes No

SYSTEMIC EXAMINATION
Neurological : NSF

- Headache Yes No • Memory changes Yes No • Dizziness Yes No
- Syncope Yes No • Seizures Yes No • Paralysis Yes No if yes R L
- Cooperative Yes No • Anxiety Yes No • Depression Yes No
- Suicidal attempt Yes No Any psychiatric illness no
- Oriented Yes No if disoriented, to Person Place Time
- Reaction: Brisk Sluggish No response
- LOC : Alert Confused Sedated
- Speech : Clear Slurred

Respiratory : NSF

- Lung sounds :
- Dyspnoea : None With activity At rest Lying down Retractions
- Cough : None Non-productive Productive - colour
- Hemoptysis: Yes No
- Night Sweats : Yes No
- Cyanosis : Yes No Where

Cardiovascular : NSF

- Chest discomfort Yes No
- Oedema Yes No Location : Pitting Non-pitting

Extremities-Musculoskeletal : NSF

- Skin : Warm Cool Dry Firm Flaccid Colour
- Extremities : Tingling Yes No • Weakness Yes No Deformity Yes No
- Joints : Pain Yes No • Stiffness Yes No
- Uses : Walker Wheelchair None occ. BIL knee 2 ht shouder

Gastrointestinal : NSF

- Appetite Good Poor • Nausea Yes No • Vomiting Yes No
- Distension Yes No • Heartburn Yes No • Flatus Yes No
- Pain Yes No • Rectal Bleeding Yes No
- Colostomy Yes No • Ileostomy Yes No

Bowel

- Diarrhoea Constipation Incontinence Blood in stool None
- Pain Yes No Place Hemorrhoids Yes No
- Frequency of stool twice
- Interventions : None • Laxatives Yes No Type Frequency

Genitorurinary : NSF

Colour of Urine Dark yellow Frequency 2-8 times/day
 Pain Yes No Burning Yes No Itching Yes No
 Urgency Yes No Incontinence Yes No
 Nocturia Yes No Urostomy Yes No
 History of calculi Yes No History of UTI Yes No
 Foleys Catheter Yes No Date of Insertion _____

Reproductive : NA NSF

LMP _____ Regular / Irregular _____
 Dysmenorrhea Yes No Amenorrhea Yes No if yes, Duration _____
 Menopausal Yes No if yes, Duration _____
 Vaginal discharge Yes No Itching Yes No

Breasts NA NSF

Breast Feeding Yes No Lumps Yes No

Positive Finding & Advice

.....

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Sign and Stamp of Medical Officer

Sterling Hospital
Racecourse Road

EMERGENCY HELPLINE

992 444 9972
0265 - 61 44 111

Sterling Hospital
Bhayli

EMERGENCY HELPLINE

908 1000 557
0265 - 61 23 333



OPHTHALMIC CHECK-UP

SIGNIFICANT HISTORY:

PAST HISTORY:

Refractive Error:

Any Surgery:

Color Blind:

Diabetes:

Hypertension:

Any Treatment:

EXAMINATION OF EYES:

Right Eye:

Left Eye:

Distant Vision without Glasses:

Distant Vision with Glasses:

Near Vision without Glasses:

Near Vision with Glasses:

Intraocular Pressure:

Anterior Segment:

Fundus:

PRESCRIPTION OF GLASSES:

	RIGHT			LEFT		
	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Distant	-0.75	---	---	-0.75	---	---
Near	+1.0	---	---	+1.0	---	---

Type of glass:

ADVICE:

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VADODARA - 390 007.

DR MAYA PATEL
(OPHTHALMOLOGIST)





EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

- Nodc for removal of Throat

EXAMINATION OF EARS:

Local Examination:

- mto

Tympanic Membrane:

For (PF) / B/c 7m
(TF) Jent

EXAMINATION OF NOSE:

Local Examination:

- mto

THROAT & LARYNX:

- mto

LARYNGOSCOPIC EXAMINATION:

- mto -

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DR. NAVNIT MAKWANA
ENT SURGEON





Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Vimalkant Omprakash Gaur	Lab Id	: 092407501401	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 48 Y 26-Oct-1975	Registration on	: 14-Sep-2024 09:15	Location	: Main BNo./
Ref. Id	: 232343 / 2809832	Collected at	: SAWPL	Approved on	: 14-Sep-2024 12:15 Status: Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 14-Sep-2024 09:24	Printed On	: 14-Sep-2024 16:32
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Hemoglobin Colorimetric	13.7	g/dL	13.0 - 16.5
RBC Count Electrical impedance	5.11	million/cmm	4.5 - 5.5
Hematocrit Calculated	43.3	%	40 - 49
MCV Derived	84.8	fL	83 - 101
MCH Calculated	L 26.9	pg	27.1 - 32.5
MCHC Calculated	L 31.7	g/dL	32.5 - 36.7
RDW CV Calculated	H 16.30	%	11.6 - 14

Total WBC and Differential Count

WBC count	SF Cube cell analysis	5950	/cmm	4000 - 10000
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Differential Count

Differential Count	Result	Unit	Absolute Count
Neutrophils Microscopic	50	% 40 - 80	2975 /cmm 2000 - 6700
Lymphocytes Microscopic	41	% 20 - 40	2440 /cmm 1000 - 3000
Eosinophils Microscopic	03	% 1 - 6	179 /cmm 20 - 500
Monocytes Microscopic	06	% 2 - 10	357 /cmm 200 - 1000
Basophils Microscopic	00	% 0 - 2	0 /cmm 0 - 100

Platelet Count

Platelet Count	Electrical impedance	255000	/cmm	150000 - 410000
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MPV	Calculated	10.70	fL	7.5 - 10.3
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Platelets Morphology Platelets are adequate on Smear



Dr. C. Shrinivasan..

M.D (Pathology) [G-18341]
Consultant Pathologist

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		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	3	mm/1hr	0 - 14

Differential Count
Absolute Count

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Sex/Age	: Male / 48 Y 26-Oct-1975	Registration on	: 14-Sep-2024 09:15	Location	: BNo./
Ref. Id	: 232343 / 2809832	Collected at	: SAWPL	Approved on	: 14-Sep-2024 12:19 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 14-Sep-2024 09:24	Printed On	: 14-Sep-2024 16:32
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Blood Group

Test	Result	Unit	Biological Ref. Interval
ABO Type <i>Tube Agglutination</i>	"AB"		
Rh (D) Type	Positive		



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Ref. Id	: 232343 / 2809832	Collected at	: SAWPL	Approved on	: 14-Sep-2024 11:39 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 14-Sep-2024 09:24	Printed On	: 14-Sep-2024 16:32
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <i>GOD-POD</i>	H 110.0	mg/dL	74 - 100
Fasting Urine Glucose <i>GOD-POD</i>	Absent		Absent
Fasting Urine Ketone <i>Nitroprusside</i>	Absent		Absent

	Fasting Blood Glucose*	Postprandial Blood Glucose #	Random Blood Glucose
Normal	< 100 mg/dL	< 140 mg/dL	< 140 mg/dL
Prediabetic	100 – 125 mg/dL	140 – 199 mg/dL	140 – 199 mg/dL
Diabetic	>/=126 mg/dL	>/= 200 mg/dl	>/= 200 mg/dl

* Fasting is defined as no caloric intake for more than 8 hours

The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.

Criteria for Diagnosis of Diabetes:

1. Fasting blood glucose (FPG) \geq 126 mg/dL
2. Two-hour blood glucose (2-h OGTT) = 200 mg/dL
3. HbA1c values (A1c) \geq 6.5%
4. Random plasma glucose \geq 200 mg/dL

(With symptoms of hyperglycemia or hyperglycemic crisis)

In the absence of unequivocal hyperglycemia, diagnosis of DM using A1C, FPG or 2-h OGTT requires two abnormal test results from the same sample or in two separate samples.

References:

1. American diabetes association. Standards of medical care in diabetes 2024
2. National Library of Medicine – National Institute of Health (USA) – Diabetes Mellitus
3. World Health Organization – Factsheet on Diabetes – Prevention and treatment


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Ref. By	: Dr. RMO . STERLING...	Collected on	: 14-Sep-2024 12:05	Printed On	: 14-Sep-2024 16:32
		Sample Type	: Fluoride	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <i>GOD-POD</i>	103	mg/dL	70 - 140
Post-breakfast Urine Glucose <i>GOD-POD</i>	Absent		Absent
Post Breakfast Urine Ketone <i>Nitroprusside</i>	Absent		Absent


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Ref. Id	: 232343 / 2809832	Collected at	: SAWPL	Approved on	: 14-Sep-2024 13:49 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 14-Sep-2024 09:24	Printed On	: 14-Sep-2024 16:32
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
HbA1c (Glycosylated Hemoglobin) by HPLC

Test	Result	Unit	Biological Ref. Interval
HbA1c	5.60	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	114.02	mg/dL	For Diabetic Patient: Poor Control : $> 7.0\%$; Good Control : 6.0-7.0%

Description:

- Total haemoglobin A1c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c (HbF) or differences in their glycation from that of HbA (HbS).

Reference: American diabetes association. Standards of medical care in diabetes 2024


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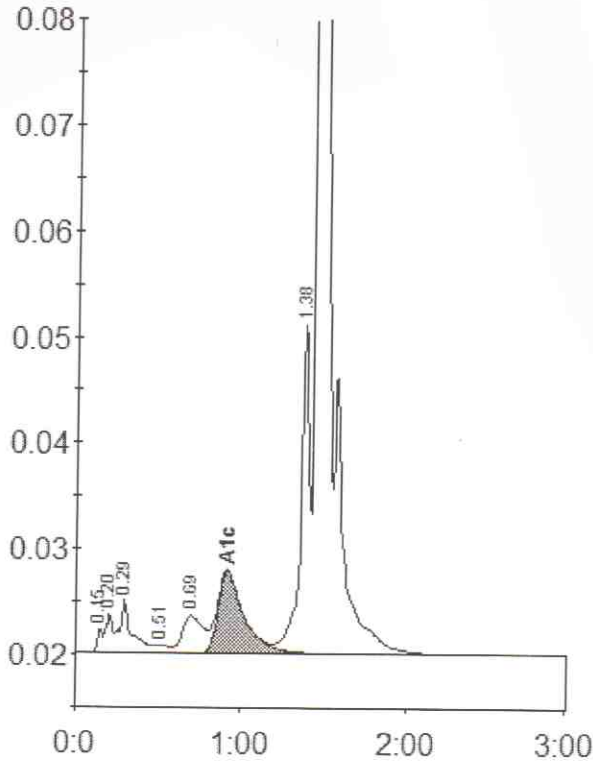


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Bio-Rad DATE: 14/09/2024
 D-10 TIME: 01:26 PM
 S/N: #DJ8G550303 Software version: 4.30-2
 Sample ID: 092407501401
 Injection date 14/09/2024 01:26 PM
 Injection #: 9 Method: HbA1c
 Rack #: --- Rack position: 3



Peak table - ID: 092407501401

Peak	R.time	Height	Area	Area %
Unknown	0.15	2306	5237	0.3
A1a	0.20	3615	10445	0.5
A1b	0.29	5163	27261	1.4
F	0.51	733	3430	0.2
LA1c/CHb-1	0.69	3521	31676	1.6
A1c	0.91	7687	84578	5.6
P3	1.38	31347	114884	5.9
A0	1.45	590036	1661716	85.7
Total Area:			1939226	

Concentration:	%
A1c	5.6





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		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase - Peroxidase</i>	H 220.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPo/POD)</i>	124.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl₂</i>	43.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 168.00	mg/dL	Optimal: <100 Near to above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: =190
VLDL <i>Calculated</i>	24.80	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	H 5.1		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	H 3.9		Up to 3.5


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		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	6.40	mg/dL	3.5 - 8.5
Blood Urea Nitrogen <i>Calculated</i>	10.28	mg/dL	9.0 - 20.0
Urea <i>Urease, Colorimetric</i>	22.0	mg/dL	19.3 - 43.0
Creatinine, serum <i>Creatinine Amidohydrolase</i>	1.10	mg/dL	0.66 - 1.25
BUN Creatinine Ratio <i>Calculated</i>	9.35		
Urea Creatinine Ratio <i>Calculated</i>	20.00		


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Ref. Id	: 232343 / 2809832	Collected at	: SAWPL	Approved on	: 14-Sep-2024 11:39 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 14-Sep-2024 09:24	Printed On	: 14-Sep-2024 16:32
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i>	32.0	U/L	0 - 50
AST (SGOT) <i>UV with P5P</i>	24.0	U/L	17 - 59
GGT (Gamma Glutamyl Transferase) <i>L-y-Glytamyl-p-nitroanilide</i>	L 12.0	U/L	15 - 73
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	97.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.60	mg/dL	0.2 - 1.3
Conjugated Bilirubin <i>Cationic Mordant Binding</i>	0.10	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Cationic Mordant Binding</i>	0.30	mg/dL	0.0 - 1.1
Delta Bilirubin <i>Calculated</i>	0.20	mg/dL	0.0 - 0.2
Total Protein <i>Copper tartrate to colour complex</i>	7.20	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.10	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	3.10	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.32		1.3 - 1.7


Dr. C. Shrinivasan..

M.D (Pathology) [G-18341]

Consultant Pathologist

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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Vimalkant Omprakash Gaur	Lab Id	: 092407501401	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 48 Y 26-Oct-1975	Registration on	: 14-Sep-2024 09:15	Location	: Main BNo./
Ref. Id	: 232343 / 2809832	Collected at	: SAWPL	Approved on	: 14-Sep-2024 11:40 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 14-Sep-2024 09:24	Printed On	: 14-Sep-2024 16:32
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Immunoassay

Test	Result	Unit	Biological Ref. Interval
Prostate Specific Ag. (PSA), Total	0.75	ng/mL	Upto 2.0 ng/mL

PSA is a glycoprotein that is expressed by both normal and neoplastic prostate tissue and is prostate tissue specific and not prostate cancer specific. PSA is constantly expressed in nearly all prostate cancers, although its level of expression on a per cell basis is lower than in normal prostate epithelium. The absolute value of serum PSA is useful for determining the extent of prostate cancer and assessing the response to prostate cancer treatment; its use as a screening method to detect prostate cancer is also common.

Interpretation
Increased in

- Prostate disease (Cancer, Prostatitis, Benign prostatic hyperplasia, Acute urinary retention)
- Manipulations (Cystoscopy, Needle biopsy, Radiation therapy, Indwelling catheter, Prostatic massage)
- Transurethral resection
- Prostatic ischemia

Decreased in

- Castration
- Prostatectomy
- Radiation therapy
- Ejaculation within 24 - 48 hours
- 5-alpha-reductase inhibitor reduces PSA by 50% after 6 months in men without cancer

Limitations

- PSA has been recommended by the American Cancer Society for use in conjunction with a DRE for early detection of prostate cancer starting at the age of 50 years for men with at least 10-year life expectancy
- PSA levels that are measured repeatedly over time may vary because of biologic variability where the true PSA level in a given man is different on different measurements.
- A change in PSA of >30% in man with a PSA initially below 2.0 ng/mL was likely to indicate a true change beyond normal random variation.


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Sex/Age	: Male / 48 Y 26-Oct-1975	Registration on	: 14-Sep-2024 09:15	Location	: Main BNo./
Ref. Id	: 232343 / 2809832	Collected at	: SAWPL	Approved on	: 14-Sep-2024 11:40 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 14-Sep-2024 09:24	Printed On	: 14-Sep-2024 16:32
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <i>CLIA</i>	1.52	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	11.00	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	3.8920	µIU/mL	0.4001 - 4.049

TSH	T3/FT3	T4/FT4	Suggested interpretation of Thyroid function tests pattern
Within range	Decreased	Within range	Isolated low T3 often seen in elderly & associated Non-Thyroid illness. In elderly the drop in T3 level can be up to 25%.
Raised	Within Range	Within Range	Isolated High TSH Especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability; Subclinical Autoimmune Hypothyroidism; Intermediate T4 therapy for hypothyroidism; Recovery phase after Non-Thyroidal illness.
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis; Post thyroidectomy, post radioiodine; Hypothyroid phase of transient thyroiditis.
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies); Intermediate T4 therapy of T4 overdose; Drug Interference-Amiodarone, Heparin, Beta blocker, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH – Especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness; Subclinical Hyperthyroidism; Thyroxine ingestion.
Decreased	Decreased	Decreased	Central Hypothyroidism; Non-Thyroidal illness; Recent treatment for Hypothyroidism (TSH remains suppressed).
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease), Multinodular goitre Toxic nodule; Transient thyroiditis: postpartum, Silent (lymphocytic), Post viral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis hyperemesis gravidarum.
Decreased or within range	Raised	Within range	T3 toxicosis; Non-Thyroidal illness.

Reference: Wallach's Interpretation of Diagnostic by Mary Williamson, 10th edition, 2015.



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Sex/Age	: Male / 48 Y 26-Oct-1975	Registration on	: 14-Sep-2024 09:15	Location	: Main BNo./
Ref. Id	: 232343 / 2809832	Collected at	: SAWPL	Approved on	: 14-Sep-2024 12:02 Status: Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 14-Sep-2024 09:24	Printed On	: 14-Sep-2024 16:32
		Sample Type	: Urine	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
URINE ROUTINE EXAMINATION

Test	Result	Unit	Biological Ref. Interval
Physical & Chemical (Dip strip) examination			
Colour	Pale Yellow		Pale Yellow
pH <i>Double indicator</i>	6.0		5.5 - 7.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	1.015		1.015 - 1.025
Protein <i>Protein error of indicators</i>	Absent		Absent
Glucose <i>GOD-POD</i>	Absent		Absent
Ketone <i>Nitroprusside</i>	Absent		Absent
Blood <i>Peroxidase like reaction</i>	Absent		Absent
Bilirubin <i>Diazo reaction</i>	Absent		Absent
Leucocytes <i>Esterase reaction</i>	Absent		Absent
Nitrite <i>p-arsanilic acid to diazonium compound</i>	Absent		Absent
Microscopic Examination			
Erythrocytes (RBCs)	Absent	/hpf	0 - 2
Pus Cells	Occasional	/hpf	0 - 5
Epithelial Cells	Occasional	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent

----- End Of Report -----


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Patient Id	: RCR-232343	Patient Name	: GAUR VIMALKANT OMPRAKASH
Age	: 48Y 10M 19D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 14 Sep 2024 - 09:52 AM

X-RAY CHEST PA VIEW

Both lung fields show prominent broncho-vascular markings.
Cardiac size appears within normal limit.
Trachea and mediastinal soft tissue shadow appear unremarkable.
Lateral C.P. angles and both domes of diaphragm appear normal.
Bony thorax under vision appears normal.

CONCLUSION:

No significant chest abnormality detected.

Dr. Shilpi Gupta MD
Sr. Consultant Radiologist

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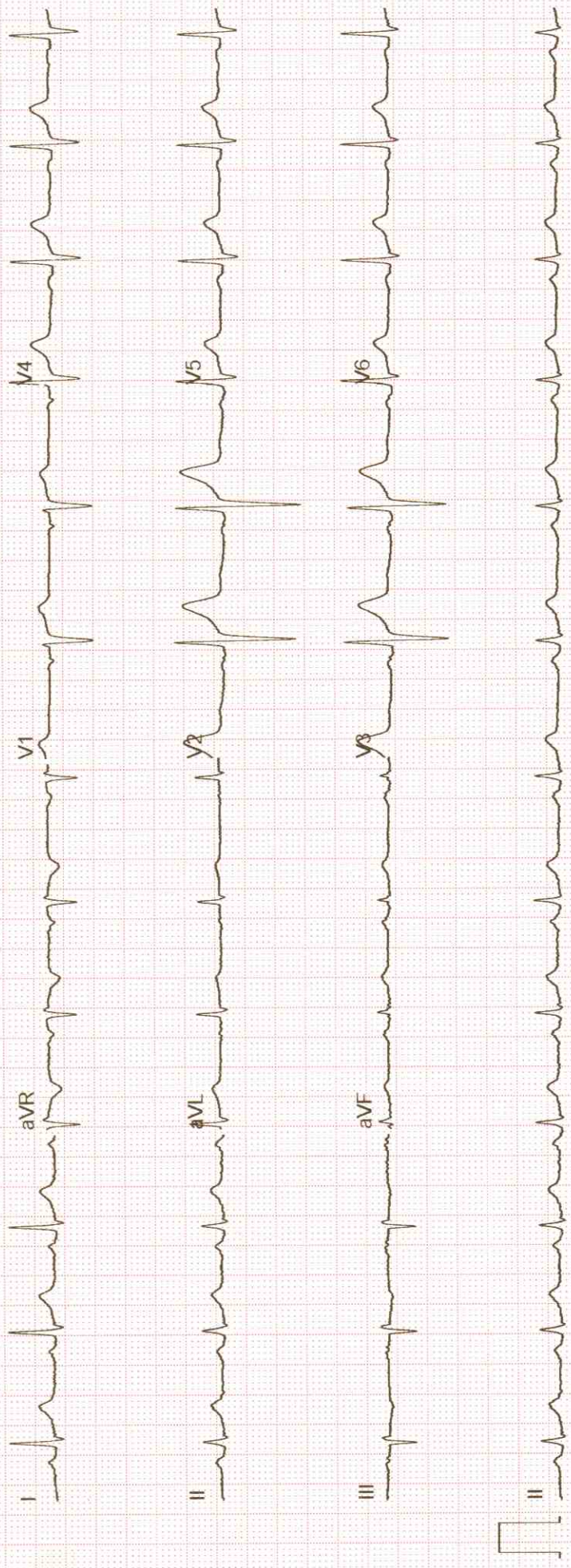


Male

48 Years

QRS : 84 ms
 QT / QTcBaz : 370 / 416 ms
 PR : 158 ms
 P : 104 ms
 RR / PP : 786 / 789 ms
 P / QRS / T : 57 / 7 / 30 degrees

Handwritten signature





2D ECHOCARDIOGRAPHY REPORT



Race Course Road, Vadodara

Name: Mr. VIMALKANT GAUR
Age: 48 Years
Sex: M
Date: 14-Sep-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	10mm	LVDD	48mm
PW	10mm	LVDS	26mm
LA	34mm	LV EF	60 %

DOPPLER STUDY:

MITRAL	E 0.68	A 0.49
AORTIC	1.26	
TRICUSPID	N	
PULMONARY	N	

CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- NO DIASTOLIC DYSFUNCTION
- NORMAL RV SIZE AND FUNCTION
- ALL VALVES ARE NORMAL
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NORMAL IVC

Dr. RANJEETKUMAR SHUKLA MD,DM
Consultant interventional Cardiologist

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SONIDOC 91-20-25443913





Report Date: 14 Sep 2024 - 11:42 AM

Patient Id	: RCR-232343	Patient Name	: GAUR VIMALKANT OMPRAKASH
Age	: 48Y 10M 19D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 14 Sep 2024 - 11:11 AM

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size and shows bright echotexture- mild fatty infiltration. A simple hepatic cyst is seen in right lobe near GB, in the region of porta measuring ~ 3.1 x 3.3 x 3.4 cm. No IHBR dilatation.

Portal vein (10 mm) and **CBD** (4.5 mm) appears normal.

Gall bladder distended and shows normal wall thickness. No evidence of calculus or mass lesion seen.

Visualized **pancreas** appears normal.

Spleen appears normal in size (11.5 cm) and shows normal echotexture. No focal lesion seen.

Right kidney appears normal (8.5 x 4.1 cm). There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Left kidney appears normal (9.9 x 4.5 cm). There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Urinary bladder is partially distended with normal wall. No calculus or mass lesion is seen.

Prostate measures ~ 20.5 cc. No focal mass is seen.

No evidence of ascites seen.

IMPRESSION

- **Mild fatty liver (Grade I)**
- **Simple hepatic cyst.**
- **No other significant intra-abdominal abnormality.**

Dr. Palak Nandolia
Consultant Radiologist

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